

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

HCFA ID: 7982E

Revision: HCFA-PM-92-1  
February 1992

(MB)

State: Pennsylvania

Citation(s)

2.6 Financial Eligibility

42 CFR  
135.10 and  
Subparts G & H  
1902(a)(10)(A)(i)  
(III), (IV), (V)  
(VI), and (VII),  
1902(a)(10)(A)(ii)  
(IX), 1902(a)(10)  
(A)(ii)(X), 1902  
(a)(10)(c),  
1902(f), 1902(l)  
and (m),  
1905(p) and (s),  
1902(r)(2),  
and 1920

(a) The financial eligibility conditions  
for Medicaid-only eligibility groups  
and for persons deemed to be cash  
assistance recipients are described in  
Attachment 2.6-A

IN No. 92-09

Supersedes

Approval Date

**FEB 26 1993**

Effective Date April 1, 1992

IN No. 91-33 90-24

89-04 88-05

1281-012B